UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1991/P/L.21
21 February 1991

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $750,000*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $750,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Argentina	3 750 000	3 000 000	1991-1995
Guatemala	1 500 000	-	1991-1992
Venezuela	3 750 000	1 500 000	1991-1995
Children in especially difficult circumstances: regional	2 500 000	-	1991-1996
Amazon: subregional	500 000	4 500 000	1991-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

I. ARGENTINA

U5MR: 36
IMR: 31
GNP per capita: $2,520

Child population (0-15 years): 10.2 million
Literacy (male/female): 95/94 per cent
Access to health services: 71 per cent

One-year-olds fully immunized against:

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	74 per cent
measles:	78 per cent
poliomyelitis:	81 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

1. As a result of the severe economic crisis facing Argentina, an increasing number of people are unable to meet basic needs that were satisfied in the past, which has affected the health and nutrition of over 3.3 million children under 12 years of age. The crisis has created the "new poor", composed of workers and employees who had overcome structural poverty in the last two decades, employees and non-professional workers of the commercial and services sectors (including many of the public sector) and pensioners whose benefits from pension funds have greatly deteriorated because of high inflation rates. In 1990, as many as 2.6 million children under 12 years of age and 2 million women belonged to the "new poor".

2. Because of adjustment policies and fiscal constraints, social expenditures have fallen. The vast network of public schools and health services established during the years of abundance has completely deteriorated. The infant mortality rate (IMR), which had begun to diminish before the crisis, has remained at around 32 per 1,000 live births, but preliminary figures for 1988 and 1989 show a substantial increase in some districts. The under-five mortality rate (U5MR) followed a similar pattern. It should be stressed that 7 out of 10 deaths of children under one year old are a result of avoidable causes. Deaths caused by diarrhoea, acute respiratory infections (ARI) and immunopreventable diseases clearly show a deficient primary health care (PHC) strategy and inadequate attention to this level of health care. IMR varies widely among regions and within provinces.

3. More than half of pregnant women from poor homes have no access to the minimum pre-natal medical check-ups, because of either a lack of public services or a services overload. Maternal mortality rates (MMRs) reach 125 per 100,000 live births in the poorest districts of the country and under-reporting on these figures is as high as 80 per cent.

Programme cooperation, 1985-1990

4. During the period 1985-1990, UNICEF funds made available by the Government of Italy supported the integrated basic services programme in the province of Buenos Aires and the national health and nutrition programme. With general resources from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC) and the Under-Five Mortality Reduction Reserve, UNICEF supported immunization, social communications mobilization and the development of social policies.

Basic services

5. In 1984, with UNICEF support, the Government initiated the basic services programme - the Programa de Desarrollo Integrado de Buenos Aires (Integrated Development Programme in Buenos Aires) - in the outskirts of the city of Buenos Aires, which has since been extended to 19 municipalities in marginal areas of the city. UNICEF has supported the development of non-conventional child development models and improved the nutrition and environmental sanitation for 40,000 people, of whom 12,000 were children under nine years of age. More than 120,000 people have benefited indirectly from the programme. With donor participation, a final evaluation will be carried out in 1991 to ascertain the impact and cost-effectiveness of the programme.

Health and nutrition

6. The programme for the improvement and local integration of projects related to the health and welfare of children and women has benefited more than 1 million people in both urban and rural areas, of whom 350,000 are children under nine years of age. At present, the project operates in 48 localities and organizes basic services in the community; improves the management of service delivery through multisectoral integration; encourages the creation of community vegetable gardens; and supplies critical inputs for water supply and basic sanitation.

Immunization

7. Declining resources for social services jeopardized high vaccination coverage. With the support of the Under-Five Mortality Reduction Reserve, it was possible to restore the cold chain, train social health agents and develop communication and mobilization materials, which enabled Argentina to reach its 1990 goal of universal child immunization (UCI).

Social communication

8. Social communication and mobilization have been implemented under the strategy of "children first", funded through SAFLAC. The objective was to link crisis and economic adjustment policies with the need to promote an ethics of child protection. Agreements were signed with the Argentine Paediatrics Society and with the Catholic Church, under which a network of 2,000 parishes throughout the country would participate in the provision of

basic services to women and children. The intense activity of social communication and mobilization - carried out free of charge through a mass media network of more than 600 radio and television broadcasting stations - made the problems of children more widely known and increased public support for their solution.

Recommended programme cooperation, 1991-1995

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
General resources						
Health and nutrition	150	150	150	150	150	750
Child development	50	50	50	50	50	250
Advocacy and social mobilization	128	128	128	128	128	640
Social planning and statistics	322	322	322	322	322	1 610
Women's development	20	20	20	20	20	100
Programme support	80	80	80	80	80	400
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Health and nutrition	345	315	310	295	235	1 500
Women's development	105	100	95	100	100	500
Child development	135	230	260	230	145	1 000
Subtotal	585	645	665	625	480	3 000
Total	1 335	1 395	1 415	1 375	1 230	6 750

9. The Government has requested that UNICEF support efforts (a) to make the child a national priority and focal point for the mobilization of public and private sector resources and efforts; (b) to reduce disparities through an equitable distribution of resources invested in the social sector; (c) to contribute to improving the quality of life of children living in poverty and to prevent further deterioration in the social conditions of the "new poor" children; and (d) to contribute to the strengthening of local management capacity.

10. The strategy of the country programme will focus on disparity reduction in the most impoverished geographical areas, the north-west and north-east. The intense use of social communication will continue in order to mobilize society and to make children a national priority. To implement this strategy, UNICEF will provide support for (a) the design, management, training, follow-up

and evaluation and research on social communication; (b) the publication of case studies, evaluations and educational and communications materials on child survival and women's development; (c) the organization of meetings, seminars and workshops to promote the creation of social networks and the coordination of activities of non-governmental organizations (NGOs); and (d) the development and implementation of projects for disparity reduction in the fields of health and nutrition, child development and the mobilization of women. UNICEF will also continue to form strategic alliances with the Catholic Church, the Ecumenical Movement, the Argentine Paediatric Society, the Chamber of Commerce and the Argentine Advertising Council.

Advocacy and social mobilization

11. The objective is to sustain political and social movements in order to maintain children and their problems as priority issues of public debate through well-designed messages that will sensitize public opinion. Support will be provided to design communication materials to create mass awareness of the Convention on the Rights of the Child. A national awareness campaign will be promoted through the mass media, focusing on immunization, children's rights and nutrition. Cooperation will continue with the Catholic Church and the Argentine Paediatric Society to reinforce child survival actions promoted through the mass media.

Social planning and statistics

12. The general objective is to support the decentralization of the public sector and the development of community networks and social participation for the provision of basic services. UNICEF support will focus mainly on the training of local government officials and community leaders to enhance the allocation of existing resources towards the most vulnerable groups. UNICEF will cooperate to improve the technical capacity of the private sector and NGOs to deliver health and education services and will support the National Institute of Statistics and Census to improve the collection and analysis of statistics on the situation of children and women.

Child development

13. UNICEF will support the development of cost-effective modalities for early stimulation and child development with the participation of the family and community. Emphasis will be given to develop models aimed at children of the "new poor".

14. Support will be provided to make a systematic analysis of aspects of mental health and for the production and adaptation of communication materials to transfer information to both the family and the community on early detection and simplified techniques for the prevention and treatment of childhood disabilities.

15. UNICEF will support government efforts to universalize pre-school education, improve the quality of primary schools and reduce school

drop-out rates. Since the education system reaches the most remote geographical areas and the poorest social groups, an attempt will be made to utilize this comparative advantage to strengthen children's supplementary feeding programmes.

16. Support will be given to develop modalities of early childhood stimulation that are cost-effective, strengthen family participation and are accepted by the community. The creation of networks of organizations that carry out activities related to the care of the young child and the development of low-cost, non-conventional systems will be promoted.

Health and nutrition

17. Although immunization activities were maintained during the period 1985-1990, with the achievement of UCI goals at the national level, some rural and urban areas continue to show coverage below 80 per cent and cold-chain problems still exist. With general resources, UNICEF will support the maintenance of adequate cold-chain facilities at national, regional and local levels and will provide some basic supplies to support systematic vaccination efforts. Focus will be placed on those areas where universal coverage has not yet been achieved.

18. UNICEF will support the timely detection of high-risk pregnancies, frequent and regular medical check-ups and adequate care during childbirth, as well as health and nutritional education for mothers. In order to attain the goals for health and nutrition and to reduce inequalities, it will be necessary to promote new management techniques to coordinate the efforts of the public sector (supply of services) with community participation (organization of the demand). The objective will be to develop a cost-effective health management model capable of combining the fragmented efforts of the public sector with community initiatives that frequently lack the necessary technical and human resources.

Women's development

19. The aim is to enhance the active participation of women in the provision of services related to nutrition, early childhood development, hygiene and education. The project also seeks to reduce MMR, improve women's health care at the local level, improve access to non-discrimatory forms of basic education and literacy, strengthen women's organizations nation-wide, increase the income of poor women who are heads of household and contribute to legislation and policies that guarantee women's rights. Special care will be taken to avoid the creation of parallel services for women by integrating women's concerns into existing programmes with similar components.

Monitoring and evaluation

20. UNICEF will support the Government in establishing a simple system to monitor the country programme and the situation of children. A computerized system will be set up in order to monitor programme implementation and budget

delivery. Evaluations and programme analyses will be undertaken, as required, in agreement with the executing institutions.

Cooperation with other United Nations organizations

21. The country programme will be closely coordinated with other United Nations organizations, and ongoing cooperation with the Pan American Health Organization (PAHO) and the United Nations Development Programme (UNDP) will be strengthened.

II. GUATEMALA

U5MR: 97
IMR: 56
GNP per capita: $900

Child population (0-15 years): 4.3 million
Literacy (male/female): 60/44 per cent
Access to health services: 34 per cent

One-year-olds fully immunized against:

tuberculosis: 38 per cent
diphtheria/pertussis tetanus: 51 per cent
measles: 52 per cent
poliomyelitis: 57 per cent

Pregnant women immunized against:

tetanus: 18 per cent

The situation of children and women

22. Among the countries of Central America, Guatemala is characterized by its high number of rural dwellers (comprising almost 70 per cent of the population) and the large numbers of Indian ethnic groups, comprising over 40 per cent of the population. The vast majority of ethnic groups are located in rural areas.

23. While Guatemala has experienced moderate economic growth over the past five years, all groups have not benefited equally. The National Statistical Institute reports that poverty has increased by approximately 10 per cent over the same period and now affects as much as 84 per cent of the population. Rural and ethnic groups suffer a disproportionate share of this poverty, which has been compounded in certain areas by the effects of armed conflict and the resulting loss of life, family and community disintegration and large numbers of widows, orphans and displaced persons.

24. Structural adjustment measures, initiated in 1988 and intensified in 1990, have produced a reduction in per capita expenditures in health, education and other social services, in addition to the decline of national export prices in the international market, high unemployment and

underemployment, low incomes and an inflation rate higher than the devaluation of the national currency (over 100 per cent devaluation in the last year).

25. IMR and U5MR in Guatemala are among the highest in Latin America. MMR is also high, at 110 per 100,000 live births. The major causes of child morbidity and mortality are diarrhoeal diseases, ARI and vaccine-preventable diseases. The widespread poverty also takes its toll on nutritional levels with extensive malnutrition caused by low food intake, frequent infectious diseases and poor environment and hygienic practices.

26. Despite progress in extending clean water supplies to rural areas, Guatemalans in both poor urban and rural areas have extremely limited access to potable water. Aside from the obvious health risks associated with ingesting contaminated water, women in particular spend great portions of their waking hours collecting water.

27. Women, especially those in families affected by the armed conflict, face additional problems as heads of household and as breadwinners. As a result, an increasing number of women have entered the workforce. Literacy rates reflect gender disparity, as only 44 per cent of women are literate, compared with 60 per cent of men.

28. Guatemala has been experiencing gradual environmental degradation because of harmful traditional agricultural practices, deforestation resulting from irrational exploitation and a lack of planning and mechanisms to achieve sustainable development. Environmental damage is affecting agricultural output and groundwater supply, while erosion and run off have blocked drainage channels, with resultant flooding.

Programme cooperation, 1987-1990

29. The UNICEF child survival programme has been the major thrust of cooperation in Guatemala since 1986, resulting in a tremendous boost in immunization coverage (the highest percentage increase in Latin America during the last two years) and a significant increase in public awareness of the health benefits of breast-feeding. Other achievements have been an increase in the number of trained traditional birth attendants in the north-western region of the country; vitamin A fortification of all Guatemalan-produced sugar; the provision of latrines and increased access to potable water in hundreds of small communities; and the significant improvement in urban basic services in Guatemala City, the capital.

30. Following the adoption of government policies advocating decentralization and the strengthening of municipal capacities, UNICEF responded with a strong package of integrated services for targeted populations in the fields of literacy and health education in collaboration with the Comisión Nacional para la alfabetización (National Commission for Literacy), community mobilization in the north-western regions and income-generating programmes for indigenous women. Initial results indicate that these programmes have significantly improved the quality of life of the beneficiaries and laid a strong and promising foundation for future expansion.

31. The 1990 elections resulted in an upsurge of violence in Guatemala City, as well as the rural areas. Given that context and the increased violence directed at children, UNICEF reinforced its efforts to raise public awareness about such violence through specific actions, including workshops, seminars, meetings in close cooperation with the National Office on Human Rights and other national child-related organizations.

Lessons learned

32. The paramount lesson learned during the past programme of cooperation has unquestionably been the importance of social communication and mobilization, as UNICEF successes have been directly tied to such efforts. The importance of an integrated country programme linked to prioritizing UNICEF efforts by geographical areas, as well as by targeted populations, resulted in a more effective use of resources. These two lessons, together with greater intersectoral and inter-institutional coordination, have contributed towards improved rates of survival and development of children and women.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure
(In thousands of United States dollars)

	1991	1992	Total
Water supply and sanitation	105	60	165
Nutrition	145	150	295
Education	45	45	90
Urban basic services	200	50	250
Women in development	25	70	95
Displaced families	-	70	70
Children in especially difficult circumstances	-	70	70
Advocacy	120	120	240
Programme support	110	115	225
Total	750	750	1 500

33. The programme for 1991-1992 will capitalize on and continue the positive experiences of the previous programme and will place a strong emphasis on the high-risk area of the north-western regions and the metropolitan area's marginal neighbourhoods in extreme poverty.

Health

34. Cooperation in the area of health will be funded through supplementary funding, utilizing balances remaining from the child survival programme, and through funding currently being sought for the subregional integrated PHC programme.

Nutrition

35. Following the fortification with vitamin A of all sugar produced in Guatemala, UNICEF will support activities to measure its impact. Support will also be provided for nutrition surveillance and nutrition education. In addition, UNICEF will continue to support the Office of Breast-feeding and undertake activities to promote breast-feeding.

Water supply and sanitation

36. Building on the successes of having brought appropriate and low-cost water supply and sanitation systems to rural communities, UNICEF will continue to provide technical assistance and support to water supply and sanitation activities, with an increasing accent on health and hygiene activities. Focus will be on selected rural and urban areas.

Education

37. Within the framework of the subregional education for development initiative, educational needs ranging from early childhood stimulation to primary education and literacy, with a focus on female literacy, will be addressed, as will the educational and physical needs of handicapped children. This will be complemented with technical assistance for ongoing curriculum development, support for supplementary materials, translation of Facts For Life into Indian languages and the development and production of extra-curricular materials for ethnic groups.

Urban basic services

38. The pilot basic services programme developed in the Mesquital neighbourhood of Guatemala City is being expanded progressively into other marginal urban communities. Support will be provided for supplies, training and technical assistance to reach a total of 27 such communities, benefiting an estimated 250,000 inhabitants.

Women in development

39. While other elements of UNICEF cooperation explicitly seek to include women's concerns, specific support will be provided through technical assistance to promote the incorporation of women into mainstream development processes, paying particular attention to legislation. Ongoing collaboration will be maintained in this area with the United Nations Development Fund for Women.

Displaced families

40. General resources for 1992 are programmed to complement the supplementary funding available for 1991 to continue assistance for displaced families, specifically in the areas of training for women in agricultural practices and food production, and for the provision of health and early child development services to these families.

Children in especially difficult circumstances

41. Building on prior cooperation with the Comisión Nacional "Acción para los Ninos" (National "Action for Children" Commission), Child Hope and the Ministry of Public Works to provide assistance to street and working children and to create a foundation for helping at-risk children, UNICEF will undertake action-oriented research on the psycho-emotional impact of violence on these children. The findings will be incorporated into programmes and services funded through the subregional programme for children in especially difficult circumstances.

Advocacy and programme support

42. A situation analysis is being prepared that will provide a strong advocacy tool to be used with the new authorities, as well as the basis for preparing the next country programme (1993-1997). Other advocacy activities will centre on the promotion of measures to protect the most vunerable groups, particularly in times of adjustment, and around the implementation of the Convention on the Rights of the Child.

43. Programme support will be provided to assist the government authorities and other partners in the implementation, monitoring and evaluation of the country programme.

III. VENEZUELA

U5MR: 44	Child population (0-15 years): 7.8 million
IMR: 35	Literacy (male/female): 84/88 per cent
GNP per capita: $3,250	Access to health services: NA

One year-olds fully immunized against:

tuberculosis:	68 per cent
diphtheria/pertussis/tetanus:	55 per cent
measles:	49 per cent
poliomyelitis:	67 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

44. Venezuela has a population of 18 million, of whom 41 per cent are children under 15 years of age and 19 per cent are children under 5 years of age. The population is predominantly urban, with more than 80 per cent living in the cities. It is estimated that almost 2 million children are living in poverty.

45. IMR, estimated at 35 per 1,000 live births in 1989, showed an average annual reduction rate of less than 2 per cent between 1981 and 1989. Indeed, more than half of the states in Venezuela have IMRs above the national average, and most of these rates are at a standstill. Respiratory infections and diarrhoeal diseases are the leading causes of death among children.

46. According to the Ministry of Health and Social Welfare, the proportion of infants with low birth-weight rose from 9 per cent in 1982 to 10 per cent in 1989. In 1987, estimates of mortality from nutritional deficiencies among children under five years of age in 1987 were the same as those registered five years earlier. Although rates and/or percentages remained virtually unchanged, they actually reflect a growing death toll in absolute terms since the infant population in Venezuela is also increasing.

47. Between 1976 and 1987, per capita real spending for basic education declined dramatically. Moreover, the costs of materials required upon enrolment in the public school system are beyond the economic capacity of the poorest or unemployed. The educational problem is further aggravated by the limited importance assigned to training and professional improvement programmes for teachers, frequent suspension of classes because of union problems and cutbacks in the personnel budget for education. Coverage of pre-school education declined from 29 per cent in 1982 to 27 per cent in 1988. Statistics on repetition show a steady increase during basic or primary education, ranging from 2.5 per cent in 1972-1973 to 10 per cent in 1983-1984.

48. Venezuela has between 600,000 and 1 million children who are totally or partially abandoned. The National Institute for Attention to Minors is unable to cope with the situation since it far outpaces the agency's capacity for response. The Venezuelan labour code, legislation to protect minors and all relevant regulations contain guidelines for children employed in secondary occupations. A sizeable number of youngsters under the age of 14 years are obliged to seek their livelihood on the streets by selling newspapers or chewing-gum.

49. The status and role of women in Venezuelan society have undergone considerable changes, yet women are still disadvantaged: one third of all Venezuelan households are headed by women; 60 per cent of the single women who head households are over 45 years of age, making it difficult for them to enter the job market; 50 per cent of women work in non-remunerative professions; and women in working-class sectors tend to enter the informal labour market where jobs are usually low-paying and temporary. Almost 50 per cent of women have only elementary education and just 6 per cent have secondary education. It is estimated that only 30 per cent of pregnant women have access to health services and pre-natal care. Complications resulting from childbirth are leading causes of maternal mortality among women 25 to 44 years old. The child of an illiterate mother is two and a half times more likely to die during infancy than the child of a woman with a higher education.

Programme cooperation, 1986-1989

50. Venezuela has never had a regular country programme and for the first time is now preparing a recommendation for the Executive Board. Between 1986 and 1989, UNICEF cooperation was provided through the use of regional and subregional funds to promote child survival, basic services and social policies.

Child survival and development

51. During the past five years, UNICEF has supported the promotion of child survival policies and strategies with the participation of both government institutions and NGOs such as the Catholic Church. Support was provided for the training of community health promoters, the implementation of non-formal pre-school activities through the child and family centre project, as well as an early stimulation project known as project family. These projects were initiated as pilot experiences and have had limited range. The child and family centres benefited 6,000 children, while about 6,000 day-care homes were established. Nearly 500 child-care centres were organized with the Catholic Church and more than 1,600 scouts received special training in child survival.

Basic services

52. In 1988, the Government, with UNICEF support, initiated the basic services programme in the state of Trujillo. In the same year, the Government began to define its cooperation needs more precisely through the Ministry of the Family, which is responsible for coordination of the social sector and the promotion of innovative intervention in programmes for care of children, the family and women, as well as the strategy for the eradication of critical poverty. As a result of a Ministry of the Family study, social policies targeted towards the poverty-stricken population sectors, especially children, were formulated.

53. UNICEF has provided technical assistance for the formulation and initiation of the regional plan for the eradication of poverty, focusing on maternal and child health care and training, based on a strategy that coordinates local government programmes with community and popular organizations. As a result of this cooperation, programmes designed by the central Government have been tested locally for later nation-wide diffusion. This process has led to the initiation of the extended mother and child programme in all PHC centres at Trujillo, with a 50 per cent increase in service to pregnant mothers, nursing infants and children under five years of age. The Catholic Church parish centres, youth groups and community health organizations in more than 60 communities have joined the programme and a literacy programme has begun in 10 communities through rural libraries. Immunization coverage of children under the age of one year has surpassed 80 per cent. A food and nutrition surveillance system is being implemented in the primary schools of six communities.

Social policies

54. To maximize the impact of limited resources, the Government requested UNICEF technical assistance to help in the formulation of social policies and the definition of a new social policy strategy. As a result, the Ministry of the Family designed and began to implement the National Plan for the Eradication of Poverty. Special support has been provided for the creation of the Social Management School and the integration of "adjustment with a human face" principles into the eighth national plan and the formulation of the social development programme, to be financed by the World Bank.

Lessons learned

55. Despite the difficult situation, there has been a strong political desire to incorporate child-related activities into the national political agenda. However, more efforts are needed to coordinate the activities of the public and private sectors. The experience gained during this period demonstrated that studies were an important contribution to the social mobilization process, and that UNICEF cooperation should further reinforce the adoption of low-cost measures for child survival and development (CSD), with greater community participation.

Recommended programme cooperation, 1991-1995

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
General resources						
Social mobilization and communication	150	150	150	150	100	700
Child development	250	250	180	190	220	1 090
Child survival	100	100	120	120	100	540
Social planning	150	140	160	160	200	810
Programme support	100	110	140	130	130	610
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Child development	100	100	100	100	100	500
Social planning	100	150	150	50	50	500
Children in especially difficult circumstances	100	120	120	80	80	500
Subtotal	300	370	370	230	230	1 500
Total	1 050	1 120	1 120	980	980	5 250

56. The Government of Venezuela has agreed that UNICEF should make special efforts to sensitize all levels of society about the critical situation of children and women and to mobilize public participation in solving them. In this regard, UNICEF will support efforts over the next five years (a) to reduce IMR by one third and MMR by 20 per cent of 1990 levels; (b) to reduce malnutrition among children and mothers by 50 per cent; (c) to reduce low birth-weight by 50 per cent; and (d) to expand and enhance educational programmes of day-care services and primary schooling. Cooperation has also been requested to improve the status and conditions of women and children in especially difficult circumstances.

57. The main strategic elements of the new country programme are: (a) the definition of social policies to promote actions under consideration for national planning and social development institutions in the area of human resources and the evaluation of social policies and programmes; (b) support to national programmes related to community education, health and social communication for health activities, day-care homes, training, management, follow-up, diffusion and community participation; and (c) social mobilization and communication.

Advocacy and social mobilization

58. The advocacy and social mobilization programme is directed towards generating sensitivity and commitment among all sectors of society, especially those who direct it, in order to create strategic alliances and mobilize resources in favour of children. It will seek to improve the well-being of children and to draw attention to the government commitment - and society's responsibility - towards children.

59. Cooperation will include the preparation and diffusion of an analysis of the situation of children; support for developing educational communications strategies for social programmes to benefit children; an analysis of children's rights and their protection; the diffusion of strategies for "development with a human face"; and the achievement of government social sector goals.

Child development

60. UNICEF will cooperate with the Government in providing care for 700,000 poor children in the areas of health, nutrition and early education through mass extension of day-care homes; in extending pre-school education to reach 112,000 poor children between the ages of 1 and 6 years; and in reducing failure and drop-out rates in primary rural education by 50 per cent, benefiting 500,000 children.

61. The components of the pre-school education and day-care homes projects include technical assistance for the design and implementation of training for participating teachers, promoters and community mothers; the development of the early stimulation project in day-care and pre-school homes; institutional reinforcement in maintaining quality of service and management in the mass

expansion project; support for follow-up and evaluation systems; and, in primary rural education, support activities for teacher training, adaptation of the curricular structure to the needs of rural children and the use of learning resources and support for programme diffusion and promotion.

Child survival

62. The programme will seek to support maternal and child-care services for 422,000 pregnant mothers, 359,000 breast-feeding mothers and 1.6 million children under five years of age, which are the established government goals for the next five years. Activities contemplated include the diffusion of community education and health care information (Everyone for Health, For Life and Facts for Life); incorporating NGOs and community organizations in community health education programmes; support in consolidating mothers' and children's health information networks and follow-up systems and support for training systems for officers, health promoters and beneficiaries.

Social planning

63. UNICEF will support studies to evaluate the impact on the low-income population of government economic policies and strategies for the period 1989-1993; aid in designing reinforcement strategies and activities for social programmes to fight poverty; provide support for the development and implementation of methodologies for formulating and evaluating management, follow-up and monitoring of social programmes and projects, with special attention to those related to children and women; cooperate to achieve institutional reinforcement at diverse levels of government through training for social and developmental management and implementation of the Social Investment Fund; and provide support for the diffusion of studies on poverty and support for follow-up and evaluation systems.

64. The components of the women's development project are mobilization to improve the situation of women, especially poor women; training of technical and professional personnel in support programmes for poor women; the collection and analysis of statistics on women's situations; support for promotion programmes that attract women into economic activities; and the establishment of the National Council of Women and implementation of the National Plan for Women.

Children in especially difficult circumstances

65. The programme seeks to support the design of policies and strategies, as well as institutional and community prevention and treatment activities, focused upon children in especially difficult circumstances - street children and institutionalized and abused children - affecting some 100,000 children.

66. The cooperation strategy is based on activities that will lead to guaranteed community and family participation in programmes; the introduction of low-cost, high-coverage preventive institutional responses; permanent

social mobilization and advocacy efforts; emphasis on special care for children; and support for experiences and initiatives in decentralization, participation and institutional openness and institutional coordination.

67. Project components include providing technical assistance to update the situation analysis of children in especially difficult circumstances; making an inventory of institutional services and care and supporting registration, control and follow-up systems; institutional reinforcement for improving treatment of institutionalized minors; systematization, monitoring and evaluation of programmes and projects; support for the diffusion of programmes; and support for training programme personnel.

Monitoring and evaluation

68. The Government, with UNICEF support, will coordinate, supervise and evaluate the programme progress through the Venezuela/UNICEF Cooperation Programme Executive Committee and the technical cooperation committees related to each programme, which will provide quarterly progress reports and annual evaluations.

69. The President has called for a National Conference in August 1991 to analyse children's rights in Venezuela. To that end, UNICEF will follow up and evaluate the situation of children, especially their rights. UNICEF will support the event and assist in following up its commitments. The Government has committed $2.2 million for improving social monitoring and evaluation systems and the impact of programmes on the poor, thus establishing the basis for monitoring the goals proposed for the next five years. UNICEF will have an advisory role in this effort.

70. Within this context, the role of UNICEF is to provide technical assistance and advice regarding national social policies, as well as in implementing strategies designed to fight poverty, improve institutional capacity and meet children's basic needs. UNICEF will require assistance from the Americas and the Caribbean Regional Office, as well as cooperation from other agencies such as PAHO, the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNDP on specific operative plans.

IV. CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES: REGIONAL

The situation of children in especially difficult circumstances in Latin America and the Caribbean

71. The situation of most children in especially difficult circumstances is a direct result of poverty, which drives them to a variety of survival strategies in order to support themselves and their families. Over 30 million children either work or generate income by theft, prostitution or other illicit means. Some 2 million or 3 million of those children have lost their family ties and live in the streets. Another 20 million or more children

suffer such extreme poverty that they require special assistance so as not to fall into more severe situations, such as abandonment to life on the streets.

72. Children affected by armed conflicts and natural or ecological disasters are threatened by traumatic events that overwhelm them. Four countries in the region (Colombia, El Salvador, Peru and Suriname) now suffer internal armed strife. Over 1 million children, many of whom have lost family members, are now displaced persons or refugees. Five countries at present report a total of over 500,000 children endangered by natural and ecological disasters.

73. For reasons ranging from abandonment to delinquency, over 1 million children are interned in institutions, which are too poorly financed and managed to meet children's needs and which so segregate them from the rest of society that they are unprepared to face life on their own when discharged.

Programme cooperation, 1988-1991

74. The regional programme began as advocacy for street children, drawing attention to and mobilizing social commitment for their special needs. In order to promote more humane alternatives to exploitation, persecution and internment, the programme widely publicized the experiences of innovative local projects that successfully reached and assisted working and street children within the community context. It also articulated community-based models, processes and principles that could be expected to lead to success, and energetically disseminated them throughout the region by means of workshops, conferences, exchange visits, technical assistance and publications and audio-visual means. The approach was so successful that, by 1989, most Latin American countries were carrying out activities for street children, at least two countries (Brazil and Mexico) were taking the community-based model to scale and this potent combination of advocacy with experience-based "how to" information had become the methodological heart of the regional programme.

75. Following the 1986 Executive Board mandate (decision 1986/12), the regional programme expanded its coverage to include other children in especially difficult circumstances. Because over 1 million children were still interned in repressive conditions, the programme undertook a campaign in 1989, to humanize the care provided by such traditional institutions as orphanages, boarding schools, rehabilitation and re-education centres and juvenile detention centres. It advocated turning these institutions into homes that participated in community life and provided services such as education, health, work and recreation. At least 14 countries are now involved either in humanizing their institutions or in abandoning them altogether in favour of community-based care models.

76. In order to ensure adequate attention to easily forgotten children, who are often most at risk, almost all the countries in the region are engaged in the time-consuming process of identifying such children, understanding their needs and developing ideas for policies and programmes to reach them. The regional programme supports these efforts with methodological guidelines, training and technical and financial assistance.

77. Since its inception in 1988, the regional programme has given high priority to the preparation of human resources for identifying and dealing with the problems of children in especially difficult circumstances, and it utilizes diverse instruments for that purpose. It has sponsored many workshops and training sessions at both national and international levels, with an emphasis on such topics as institutional opening and humanization, the development of successful programmes for working and street children, the diagnosis of children in especially difficult circumstances and the evaluation of programmes for working and street children. The programme has also maintained an active exchange programme that allows the staff of community-based projects to visit and learn from each other's experience. It has reached the largest possible audience through its many publications, especially those detailing successful models and methods.

78. The regional programme has made concrete advances in supporting the establishment of specific programmes. The four original pioneer countries - Brazil, Colombia, Ecuador and Mexico - have been joined by the rest of the region's countries, with varying degrees of programme development.

79. The activities under implementation in every country of the region include situation analyses, which are being undertaken in 23 countries; institutional opening and humanization, being carried out in 16 countries; projects for working and street children in 15 countries; national committees or boards on behalf of children in especially difficult circumstances in Brazil, Colombia, El Salvador, Guatemala and Honduras; and seminars and workshops on situation analysis, institutional opening and humanization and care of working and street children in 21 countries.

Lessons learned

80. Over the past year, a number of specific lessons have emerged: (a) a special situation analysis is necessary to identify "hidden" children in especially difficult circumstances who might be especially at risk, but would otherwise be invisible; (b) UNICEF advocacy can be very effective in mobilizing government and public attention to the problems of these children; (c) effective programming depends on the development of strong leadership, which can result from training and technical assistance; (d) when Governments, NGOs and churches cooperate, major progress can be made in meeting the needs of these children, and such cooperation can be encouraged effectively by UNICEF; and (e) by its own advocacy and by helping to mobilize public opinion, UNICEF can effectively help to build the political will and commitment necessary for Governments to develop policies and programmes to meet the special needs of these children.

Recommended programme cooperation, 1991-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	1996	Total
Advocacy	60	75	135	85	95	60	510
Technical assistance	45	90	90	120	110	75	530
Communication and social mobilization	20	60	60	60	60	40	300
Monitoring and evaluation	20	45	45	45	45	-	200
Training	82	180	120	139	139	50	710
Project support	23	50	50	51	51	25	250
Total	250	500	500	500	500	250	2 500

81. In Latin America and the Caribbean, there are 2.5 million to 3 million refugees and displaced persons, victims of armed conflict, natural disasters and the breakdown of the traditional mechanism of family support, of whom more than 1 million are children. The general objective of the programme is to achieve greater awareness of the problems of children in especially difficult circumstances and to assure more effective responses to them. More specific objectives include increased attention to children - especially girls - whose special needs have been slighted in the past, and greater cooperation between the public and private sectors in addressing the problems of these children.

82. The programme will implement regional activities such as cross-national workshops and publications, with country assistance being channelled through UNICEF offices. Cooperating partners will include Governments, NGOs and religious organizations.

83. In order to attain these objectives, the regional programme will consolidate and expand the achievements already gained; expand actions to those countries that began activities later than others; increase attention and prevention coverage; reduce the cost of institutional care; train the necessary human resources to manage different types of care and prevention throughout the region; encourage projects for the training of children and income generation, using existing infrastructure (workshops, farms, micro-enterprises) and use of installations (equipment and tools); and continue to increase the number of methodological and outreach series, as well as to distribute them at the regional level.

84. Programme contents will stress prevention, child rights and the special needs of girls as themes permeating all activities. A top priority will be the completion of an analysis of the situation of these children by 1993, at which time the programme will publish a comprehensive document on children in

especially difficult circumstances from a regional perspective to help guide future action. Special studies will be conducted, exploring particularly difficult problems for which solutions have yet be worked out, such as the problems of working girls, children in armed conflict and children and environmental degradation. Advocacy will stimulate greater dialogue and cooperation between Governments, NGOs and religious organizations, helping to form or reinforce national movements or committees for these children. It will also continue to promote greater humanization and community orientation in institutional care of interned children.

85. Ways will be found to institutionalize training and technical assistance as much as possible to meet better the growing demand for assistance. This will include the establishment of a training network, with coordination outside UNICEF, that can assume responsibility for routine training that is much in demand. The programme will continue to support technical cooperation among countries in the region and to sponsor an active agenda of meetings and workshops.

86. In order to reach as many people and organizations as possible with useful information for related programming, the production of publications and audio-visuals, which appear in English, French, Portuguese and Spanish, will be intensified. Specific projects will include the development and dissemination of methodological guidelines for the development of programmes benefiting these children, in addition to a manual on street education and guidelines for addressing the problems of children in armed conflict.

V. SUSTAINABLE DEVELOPMENT FOR CHILDREN IN THE AMAZON BASIN: SUBREGIONAL

The situation of children and women

87. In recent years, the Amazon Basin has become one of the world's most visible centres of both ecological and social concern. Massive deforestation, atmospheric pollution from burning, mercury poisoning of river systems, predatory fishing and other environmental degradations have been widely publicized in the national and international press. In the social sector, violent conflict over land and forest rights has come to world attention, as have the decimation of indigenous peoples, the resurgence of once-suppressed diseases, burgeoning urban populations and squalor and the highest rate of internal migration in Latin America.

88. Official information on the situation of women and children in the Amazon is scarce and unreliable. For example, IMR and other crucial vital statistics and health data on children in the Brazilian Amazon are available for urban areas only. The situation of the non-urban half of the population, whose children's survival and development are certainly far more threatened, goes unreported. Therefore, considerable field work is still needed to develop reasonable estimates of the true situation of non-urban women and children. It is reported that children of the marginalized poor in the Amazon suffer extremely high levels of death, disease, violence and exploitation.

Previous cooperation

89. This Amazon Basin programme is a consolidation, continuation and expansion of ongoing UNICEF efforts. The initial phase involved bringing together representatives from the eight basin countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela) to discuss and analyse the situation of children. The second antecedent to this programme is a current Brazil country programme effort to promote sustainable development actions benefiting the poor in the north and north-east regions. During 1990, that portion of the programme began to work on a pilot project addressing serious water supply and sanitation problems threatening the survival and development of children in the squalid periphery of burgeoning urban areas. It also began forming or reinforcing nuclei of trained child advocates and researchers in various state capitals in the Amazon. To that end, it sponsored a three-month training seminar on the various aspects of child rights and welfare for selected Amazon professionals, which was attended not only by Brazilians but also by invited professionals from six other countries. Those trained will, in turn, help to organize and train others in their home states or countries to carry out more thorough situation analyses and child-specific programme development.

Recommended programme cooperation, 1991-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	Total
General resources					
Policy and programme development	200	175	25	-	400
Education and mobilization	50	25	25	-	100
Subtotal	250	200	50		500
Supplementary funding					
Policy and programme development	200	1 350	1 400	900	3 850
Education and mobilization	-	200	200	175	575
Monitoring and evaluation	-	25	25	25	75
Subtotal	200	1 575	1 625	1 100	4 500
Total	450	1 775	1 675	1 100	5 000

90. The general objective of the Amazon Basin programme is to advance the welfare of the poor, especially women and children, through sustainable social and economic development actions adapted to specific local characteristics. The main strategy of the programme involves cross-national cooperation in attacking priority problems that have particular Amazonian characteristics and are common to much or all of the Basin. Many problems affecting the delivery of CSD services, for example, arise from peculiarly Amazonian characteristics shared by several countries, and can best be attacked cooperatively.

Policy and programme development

91. There are three immediate obstacles to improving the planning of sustainable development actions benefiting women and children: (a) the lack of useful information about the situation of children and women; (b) a lack of practical methods of evaluating proposed development projects to determine their likely effect on poor women and children; and (c) the lack of mechanisms to bring together the many perspectives needed to ensure the relevance and solidity of sustainable development efforts. To deal with these issues, policy and programme development actions will emphasize situation analyses, the development of programme planning and project evaluation methods and the development of human and organizational resources, in addition to events that are designed to promote dialogue and joint action on important topics among various groups.

92. UNICEF will offer direct financial and/or technical support to carefully selected problem-solving projects that are consistent with its basin-wide priorities, and to which it can make a valuable contribution while learning lessons important to others in the Basin. Specific activities will emphasize sustainable income-generation opportunities, the development of more effective service delivery models for rural and isolated communities, the development of improved approaches to urban environmental problems and the extension of the child defense structure to out-of-the-way areas not currently monitored.

Education and mobilization

93. Actions will be carried out to help build a social consensus for sustainable development approaches favouring the poor, especially children and women. Specific targeted groups will include schoolchildren and teachers, the media, churches, the business sector and government officials. Particular attention will be devoted to reaching poor communities. Support will be offered for the development of materials suitable for use in both formal and non-formal education for children, including both publications and audio-visual materials. Special attention will be devoted to the use of the mass media, including community-produced videos and publications, in reaching the public at large with information useful for raising awareness and mobilizing commitment. Other education and training activities will include workshops and technical assistance to train selected key groups in facts and skills necessary to plan and implement sustainable development activities. Instructional manuals, audio-visual and other materials will be produced as needed to assist in these training activities and to provide distance-learning

opportunities. The programme will support both public and private sector educational projects.

Coordination with other agencies

94. The coordination of UNICEF support will be based on a work plan developed and agreed to with the focal points in each of the relevant UNICEF field offices. The focal points will coordinate with the Universidad del Amazonas (University of the Amazon) and other government and NGO institutions participating in their countries. A joint work plan will be reviewed annually and the overall coordinator will prepare a status report on a six-month basis. In each country involved, focal points will be responsible for ensuring collaboration with other United Nations agencies. A mid-term review will be carried out in 1993.